



## **Completing your WebIZ enrollment**

### **Page 1**

#### ***Provider details***

Please complete all fields- if you do not understand any part of the page, please feel free to call or email the WebIZ Helpdesk.

### **Page 2**

***Optional defaults:*** When indicated, these defaults can "auto-populate" the demographic data in your patients' records by clicking "Set Defaults."

- For example, if the majority of your patients speak Spanish and live in Reno, you would indicate "Spanish" as Language and "Reno" as City. This data would be automatically populated in your patient's demographic screen by clicking "Set Defaults." It is recommended you indicate at least a County, State and Country.

#### ***Users:***

##### ***"Login Users"***

- Any and all staff members that may need access to WebIZ must each read and complete a *User Confidentiality Agreement* to establish a User Account. Please feel free to make copies as needed. **\*\*Signed User Confidentiality Agreements must be received before access will be provided.\*\***
- If an email address is indicated for a user, they will be placed in our User Distribution List and will receive messages regarding WebIZ and the vaccine world. Please provide work-issued email addresses if possible. Please also make sure your computer network accepts our emails (sent from izit@health.nv.gov).

##### ***"Shot-Givers Only"***

- To document in WebIZ which staff member administered a vaccination, please list all those "shot-givers" who do not need login access. **\*\*"Shot-givers only" do not need to sign a User Confidentiality Agreement and will not be given access.\*\***

##### ***Adding Additional Users***

- Please retain a blank User Confidentiality Agreement for use in adding additional users after being established as a WebIZ provider. Please mail completed user forms to the address on the form.

***Expected WebIZ Start Date:*** Please indicate a date on which your office plans to begin entering data in WebIZ. Many offices choose a Monday or the first of the month.

***Signature of Provider Contact:*** Choose an individual to be the official "WebIZ Contact" in your office and have them sign and date the bottom of Page 2. They will be the first point of contact in any future WebIZ correspondence.

***Submitting the application:*** Please mail the completed application to the address at the bottom of Page 2. **\*\*Please note: only the signature page of the User Confidentiality Agreement needs to be submitted. Please retain the "agreement page" for reference.**



## WebIZ Enrollment Form

Please fill out this form as completely as possible. This information is used to establish a Nevada WebIZ account for your organization. Please be sure your provider contact signs and dates page 2 before submitting. If you have questions regarding this form, please contact the WebIZ HelpDesk at (775) 684-5954.

Provider (Practice) Name: \_\_\_\_\_

Provider Mailing Address: \_\_\_\_\_

Street

City

State

Zip Code

Provider Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

☐ View Only? (cannot enter data or make changes to data) \*If checked, skip to page 2 signature, and complete User Confidentiality Agreements

**Provider Category:** ☐ Public Health ☐ Private Provider

**Does your office give immunizations?** Y N (circle one)

**Usage Type:** (choose only one)

\_\_\_\_\_ **Type 1 – No WebIZ Inventory Control** Providers of this type will NOT be prompted to specify lot#s/manufacturers for vaccines given.

\_\_\_\_\_ **Type 2 – Partial WebIZ Inventory Control** These providers must specify manufacturers/lot#s for vaccines in the Defaults screen (in Settings),

**IZ Shot Card Preferences:**

Print Patient Address on Immunization Record? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Vaccines For Children (VFC)**

VFC Provider? ☐ If yes...VFC Effective Date? \_\_\_\_\_ VFC Pin #? \_\_\_\_\_

**Vaccine Funding Sources (For Type 2 usage only)** (please check all that apply)

VFC ☐ Private ☐ Other: \_\_\_\_\_ ☐

**Optional Defaults:**

(If indicated, these can be used to populate the appropriate fields with the click of a button within a patient record; Users can then change the information manually as needed.)

**Language** (please specify English or Spanish): \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**User Accounts**

**"Login Users"**

**Any and all staff members that may need access to WebIZ must each read and complete a User Confidentiality Agreement to establish a User Account. Please make copies as needed.**

***\*\*Signed User Confidentiality Agreements must be received before access will be provided.\*\****

**"Shot-Givers Only"**

**To document in WebIZ which staff member administered a vaccination, please list below all those "shot-givers" who do not need login access.**

***\*\*"Shot-givers only" do not need to sign a User Confidentiality Agreement and will not be given access.\*\****

1)	_____	_____	_____
	Name	Title	Office Name(s)
2)	_____	_____	_____
	Name	Title	Office Name(s)
3)	_____	_____	_____
	Name	Title	Office Name(s)
4)	_____	_____	_____
	Name	Title	Office Name(s)
5)	_____	_____	_____
	Name	Title	Office Name(s)

**(If more than 5, attach separate sheet)**

**Expected WebIZ Start Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Provider Contact**

\_\_\_\_\_  
**Date Signed**

**Please complete this form and return to:**

Nevada State Health Division – WebIZ HelpDesk  
4150 Technology Way Suite 101  
Carson City NV 89706  
Phone: 775.684.5954  
Fax: 775.684.4245  
E-mail: [izit@health.nv.gov](mailto:izit@health.nv.gov)

**For Office Use Only:**

Date Received:

Received By:

Date WebIZ Account Established:  
(Revised June 19, 2009)

Completed By: